

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1546

FILED JAN 31 1951

State File No. 20
Registrar's No. 20

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|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 155 | | PRIMARY REG. DIST. NO. 3127 | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Webb City | | c. LENGTH OF STAY (in this place) 60 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) Saginaw 0730 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital | | | d. STREET ADDRESS (If rural, give location) / | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Francis | | b. (Middle) Marion | | c. (Last) Laton | |
| 4. DATE OF DEATH Jan. 17 1951 | | 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | | 8. DATE OF BIRTH Aug. 19 1883 | | 9. AGE (In years last birthday) 67 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Powder Co. | | 10b. KIND OF BUSINESS OR INDUSTRY Atlas Powder Co. | | 11. BIRTHPLACE (State or foreign country) Malcum, Nebr. / | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Henry L. Laton | | 13b. MOTHER'S MAIDEN NAME Jessett Trambled | |
| 14. NAME OF HUSBAND Jeanette Laton | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Jeanette Laton, Saginaw, Mo. | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic Myocardiosis ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dropsy DUE TO (c) Cardio Hepatic Renal Syndrome II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. HOW DID INJURY OCCUR? | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | 21g. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | |
| 22. I hereby certify that I attended the deceased from MAR. 28, 1948, to JAN. 16, 1951, that I last saw the deceased alive on JAN. 16, 1951, and that death occurred at 7:15 P.M., from the causes and on the date stated above. | | | | | |
| 23. SIGNATURE J. B. Gann, D.O. 2 | | 23b. ADDRESS 530 1/2 Main, Joplin Mo | | 23c. DATE SIGNED 1-22-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-19-51 | | 24c. NAME OF CEMETERY OR CREMATORY Mount Hope | |
| 24d. LOCATION (City, town, or county) (State) Webb City, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary, Joplin Mo | | ADDRESS | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-30-51
Jasper County Health Office

County File Number 51-1-48

Date Filed 1-30-51

JAN 31 1955
MAR 4 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address

Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI

County of JASPER

SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 1596

Local Registrar's No. _____

On this 1ST day of MARCH, 19455, before me appears J. B. GARRISON
OF STEVE PARKER MORTUARY, who, upon HIS oath, states that the original record of ^{XXXX} birth
for FRANCIS MARION LATON died JANUARY 17, 1951 in the State of
Missouri, and which was filed at WEBB CITY, MO. on JAN., 1951, should be corrected as follows:

Item No. 3 should read FRANCIS MARION LATON

Instead of FRANCIS N. LATON

Item No. 14 should read JEANNETTE LATON

Instead of JEANETTE M. LATON

Item No. 17 should read JEANNETTE LATON

Instead of JEANETTE M. LATON

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

STEVE PARKER MORTUARY

1502 JOPLIN ST., JOPLIN, MO.

Present Address.

NONE

Relationship.

Subscribed and sworn to before me this 1ST day of MARCH, 19455.

My Commission expires

April 19, 1958

Notary Public.

Billy H. Brown

